

ART. XIX.—*Transactions of the American Ophthalmological Society. Eighteenth Annual Meeting.* 8vo. pp. 442. New York, 1882.

THE meeting was held at Lake George, and was attended by twenty-five members. The proceedings of the society were commenced by the announcement of the death of one of its honorary members, Dr. Edward Reynolds, of Boston, and a short sketch of his life has been prepared by Dr. Hasket Derby.

Dr. Reynolds, who died at the age of ninety years, was the oldest ophthalmic surgeon in the country, and was one of the founders of the Massachusetts Charitable Eye and Ear Infirmary. He studied abroad under Abernethy, Astley Cooper, and Dupuytren, and, soon after his return, laid the foundation of an extensive practice in ophthalmic surgery by a successful operation for cataract upon his own father. Of late years he had retired from active practice, but was for a long time the leading ophthalmic surgeon of New England.

A case of *Pulsating Vascular Tumour of the Orbit, Eyelid, Temple, and Forehead, treated by Electrolysis*, is reported by Dr. CHAS. STEDMAN BULL, of New York. The patient was a female child a year old, and, with the exception of the tumour, in perfect health. A day or two after birth two small whitish spots had been noticed just above the left eyebrow, which in a few weeks grew red, and about the same time the lid began to swell. When the child was three months old there was a purple tumour as large as its two closed fists involving the upper eyelid, side of nose, forehead, and temple. The eyeball was pushed downward and inward, towards the nose. The main swelling was in the subcutaneous tissue of the lid and eyebrow, and in the orbital tissue, while the skin was the seat of a pure naevus. At the apex of the tumour the skin was very thin, and fluctuated on pressure, and a slight pulsation could be seen. There was also a naevus upon the forearm about the size of a ten-cent piece. The growth of the tumour seemed to be checked for a time by the administration of ergot, but afterwards progressed rapidly.

Between March 28th and April 11th four applications of the electrolytic method were made, under ether, each resulting in slight condensation. The parents then insisted upon removing the child from the hospital. The area of condensation was about an inch and a quarter in diameter, and was increasing slowly.

Dr. W. N. SEELY, of Cincinnati, describes a case of *Atrophied Remains of the Hyaloid System attached to the Posterior Pole of the Lens, and detached from the Papilla*, and states that he can find no record of a similar case. He also reports a case of *Serous Effusion into the Vitreous Humour, causing total temporary loss of Vision, due probably to Malarial Poisoning; recovery*.

A case of *Apparent Disappearance of Iris after Extraction of Cataract*, is reported by Dr. R. J. MCKAY, of Wilmington, Del. The extraction was made by the Graefe method, with iridectomy upwards, and the anterior chamber was immediately filled with blood. When the blood-clot was absorbed, the iris was found to be entirely absent. Several other members mentioned similar cases, and believed the condition to be due to a reduplication of the iris backwards.

Dr. McKay also reports a case of *Non pulsating Exophthalmos, with Recurring Thrombosis of Orbital Veins*. The patient was a married

woman, twenty-eight years of age. A protrusion of the right eye was first noticed when she was ten years of age. It was subject afterwards to temporary exacerbations during her menstrual periods. She had had three children, and the protrusion enlarged considerably during each labour. When first seen by the author, the eye was protruded three-fourths of an inch, and the eyelid, though greatly distended, could not be completely closed. The media were clear, and vision still equalled $\frac{1}{5}$. The ball could not be replaced by pressure, and its movements were much restricted. Nodules of distended veins could be felt at the inner angle of the orbit and above the eye. Subsequently vision was lost, and the ophthalmoscope showed optic neuritis, and soon afterwards sloughing of the cornea and general ophthalmitis necessitated extirpation. The orbit seemed filled with a mass of varicose veins.

In a paper on *Hereditary Atrophy of the Optic Nerves*, Dr. WM. F. NORRIS, of Philadelphia, gives a history of this disease affecting one or more members of four generations, and compares it with retinitis pigmentosa. Both affections are frequently hereditary, but while optic atrophy commences after puberty, often in middle life, and cuts off the central vision first, retinitis pigmentosa commences usually in early life, and attacks the periphery of the retina first, frequently leaving the central vision intact for many years. In two cases treated by Dr. Norris the peripheral vision was improved by strychnia, but the central scotoma was not affected.

Dr. WM. S. LITTLE, of Philadelphia, discusses *The Influence of the Furadic Current on the Treatment of Vitreous Opacities*, and reports several cases that improved under its use.

Dr. C. S. MERRILL, of Albany, N. Y., contributes a *Report of a Case of Glioma in a patient twenty-one years of age*. The point of special interest is the age of the patient, as retinal glioma is usually a disease of childhood. The author states that there is no other case on record in which glioma commenced at so advanced an age. The eye was extirpated in October, 1878, and there has been no return of the disease.

Dr. RICHARD H. DERBY, of New York, reports *A Case of Anæsthesia of the Retina, with Concentric Limitation of the Fields of Vision; recovery through Inhalations of Nitrite of Amyl*. The patient was a nervous child eight years of age, with vision reduced to about one-half, and very marked limitation of the fields. The ophthalmoscope showed paleness of the optic disks. "The interesting features in this case are the very marked depreciation of vision, the unusual degree of concentric limitation of the fields, both persisting for two months or more, and the relief following the use of nitrite of amyl, and that relief maintained."

Case of Remains of the Hyaloid Artery attached to the Crystalline Lens; Anæsthesia of the Retina, is described by Dr. W. S. LITTLE, of Philadelphia.

Dr. SAMUEL THEOBALD, of Baltimore, reports a case of *Circumscribed Absorption of the Lens apparently of Traumatic Origin, without the remainder of the Lens becoming Opaque*. There was a small dense opacity of the cornea, near its outer margin, to which a tag of the iris was adherent, and behind this point a crescentic notch on the margin of the lens. A narrow rim of opaque lens substance formed the margin of the notch. Drs. Knapp and Kipp thought it possible that this condition might be congenital.

Dr. Theobald also contributes the history of a case in which a *frag-*

ment of glass remained in the eye, probably in the ciliary body, for ten years without producing serious consequences. The patient presented himself to Dr. T., immediately after the accident, and a minute particle of glass was seen, by oblique illumination, in the anterior chamber. When the pupil was dilated by atropin, the fragment fell behind the iris and was lost. Considerable pain, tenderness of the ciliary region, and slight iritis followed, but lasted only a few days, and there has been no trouble since. Several other members reported instances of the toleration of small foreign bodies in the iris, lens, and retina.

Dr. G. HAY, of Boston, records *A Case of Extensive Hemorrhage between Choroid and Sclerotic*, in which the ophthalmoscopic appearances could not be distinguished from those of intraocular tumour. Drs. Knapp and Pooley referred to similar cases in which the eyes had been extirpated for supposed sarcoma and glioma.

Dr. F. BULLER, of Montreal, Canada, gives a description of a *Peculiar Case of Alopecia of the Eyelids*, accompanied with drawings of microscopic specimens of the diseased cili. The patient was a young lady in good health, and with eyes in other respects perfectly normal. There was not even thickening or inflammation of the edges of the lids, but the upper lashes had been falling out for eighteen months, and decided disfigurement resulted. The most interesting feature of the case "is the presence of a thread-like material wound round the hair, extending from the bulb to a certain distance up the shaft, but never beyond the point of emergence of the hair from its follicle." The author is not satisfied as to the nature of this structure, but suggests that it may be a parasitic growth.

Dr. HENRY D. NOYES, of New York, recommends the use of a convex lens attached to the forefinger by means of a ring, for focal illumination in the removal of foreign bodies from the cornea.

Dr. Noyes also reports *Three Cases of Tumours of the Eye*. I. A smooth firm growth was attached to the conjunctiva, caruncle, inner half of the lower lid and to the periosteum of the inner wall and floor of the orbit. No enlargement of lymphatic glands. The tumour was removed without extirpating the ball; healing was rapid and the sight remained good. Three months and a half after the operation, a swelling appeared in front of the ear and increased rapidly, and coalesced with another which afterwards formed under the ear. There was no sign of a return of the disease in the original situation. The patient, a man 51 years of age, died from exhaustion six months after the operation. In addition to the large growth near the ear, there were small nodules on the forehead, over the parietal bone and at the vertex; all except the second penetrating the bone. That on the forehead perforated the skull, and was found to be adherent to the dura. Nodules were also found in the lungs, pancreas, and brain. The author considers it a case of melanotic sarcoma. II. Epithelial cancer of ocular conjunctiva, removed from a patient seventy-one years of age. No recurrence after two years. III. Choroidal sarcoma. Symptoms of irritation of the other eye, which had been thought to be sympathetic found to be due to hypermetropic astigmatism.

Dr. H. KNAPP, of New York, presents a *Contribution to the Clinical History of Metastatic Irido-Choroiditis*. It is founded upon "The observation of the case of a young lady who, by exposure during menstruation, contracted in the lower part of the abdomen an inflammation, which was followed by transient internal ophthalmia in one eye, and purulent irido-choroiditis, with destruction of the globe in the other." The author be-

lieves that there may be mild cases of metastatic irido-choroiditis which do not lead to destruction of the eye; as mild pyæmic inflammations are known to occur in other organs.

He recommends quinine and the application of cold before panophthalmitis is evidently established; after this period, palliative measures only are indicated.

Dr. G. C. HARLAN, of Philadelphia, describes *A Simple Test for Simulated Monocular Blindness*, and gives several cases in illustration. The patient's attention is concentrated upon the eye with which he admits that he can see, and a strong convex glass is held before it; if he reads fine print at some distance beyond the focus of the glass, vision in the other eye is proved.

Dr. Harlan also reports a case of *Sarcoma of the Lachrymal Gland*. The tumour occupied the position of the upper lid, and was as large as a hen's egg. The eyeball was forced completely out of the orbit, being dislocated forward, downward, and outward, and fixed immovably. Two weeks after the removal of the tumour, the eyeball had resumed nearly its natural position.

The protrusion of the eyeball outward, instead of inward, was considered unique. It was attributed to the great size of the growth, which failed to find room to expand in the position of the lachrymal gland, and, therefore, developed toward the inner side of the orbit. Several other members referred to cases of sarcoma of the lachrymal gland, which, however, are considered rare.

A Case in which an Attack of Acute Inflammatory Glaucoma was immediately followed by Inflammation of the Brain is reported by Dr. CHARLES J. KIPP, of Newark, N. J. Iridectomy was performed with partial and temporary relief, but the headache and nausea continued. The pain and inflammation in the eye returned three weeks afterwards, and the other eye was attacked. Iridectomy failed to benefit the second eye. Convulsions, delirium, and coma followed, and the patient died sixty-seven days after the first operation. The author thinks it probable that the cerebral disease existed at the time when the glaucoma first manifested itself, and was the cause, rather than the result of the affection of the eyes. There was no autopsy.

Dr. W. F. MITTENDORF, of New York, records three cases of *Embolism of the Central Artery of the Retina*. All the patients had previously suffered from rheumatism and had valvular disease of the heart. In one, a portion of the retina near the optic disk was supplied by a ciliary artery, a not very infrequent anomaly, and vision was retained in the corresponding part of the field. In all the cases the onset of the disease was sudden and occurred after violent exercise.

Dr. S. B. ST. JOHN, of Hartford, Conn., reports a case of *Double Glaucoma fulminans*, and one of the *Extraction of a piece of Iron from the Lens by means of the Permanent Magnet*. The onset was very sudden and violent in both eyes, in the case of glaucoma, and vision was reduced in each to the ability to count fingers. The second eye was attacked only one week after the commencement of the disease in the first. Iridectomy relieved all the symptoms and restored vision $\frac{3}{8}$ in one eye and $\frac{1}{8}$ in the other.

The piece of iron had been in the lens, which had become cataractous, for three months. In the attempt to make an iridectomy, softened lens matter was extruded into the anterior chamber, carrying with it the foreign body, which was removed by means of the Gruening magnet.

Dr. EDWARD G. LORING, of New York, contributes a paper on *Premature Delivery for the Prevention of Blindness*. After citing several cases in illustration of the fact that vision is frequently lost during gestation from albuminuric retinitis or optic atrophy, the author refers to others in which this result has been prevented by premature delivery, either occurring without medical interference, or induced with the object of saving life. He then reports the case of a woman who had had three confinements and had suffered an impairment of vision with each, until sight was entirely gone in one eye and seriously damaged in the other. She became pregnant a fourth time, and, by Dr. Loring's advice, premature delivery was brought on, when the fetus was three months old. There was no further diminution of vision.

The author concludes that "when a marked deterioration of vision has occurred, with or without ophthalmoscopic changes, and when blindness is threatened, premature delivery is not only justifiable but often demanded;" and that "when a permanent loss of vision has occurred from a preceding pregnancy, premature delivery in a subsequent one, when surrounded by its proper safeguards, is not only justifiable but at times absolutely necessary." From a legal point of view the proceeding is justified by the consideration that in operating to save sight, in such cases, we are also operating to save life, as "given, a pregnant woman with loss of vision, or organic lesion of the retina or optic nerve, as the prominent, or even as the sole symptom, no one can say that a series of convulsions may not set in at any moment which will carry everything before them, including not only the life of the child but also that of the mother."

Dr. Loring also records a *Case of Osteoma of the Conjunctiva*, congenital in its origin; and describes *An Improved Means of Oblique Illumination—a Conical Condenser*, consisting of a convex lens attached to a forehead band by means of an arm, broken at various points by ball-and-socket joints so as to admit of free movement in all directions.

Dr. G. C. HARLAN, of Philadelphia, describes an *Improved Trial Frame*, for test glasses, very much lighter than those in general use. G. C. H.

ART. XX.—*Chapters in the History of the Insane of the British Isles.*

By DANIEL HACK TUKE, M.D., F.R.C.P., President of the Medico-Psychological Association, etc. 8vo. pp. 548. London, 1882.

THE substance of this volume is expressed in its title, and the eleven chapters into which it is divided, contain a vast amount of information, deeply interesting not only to the psychological student, but to the philanthropist, and also to the legislator, who, of late years, nearly everywhere, and especially in Great Britain and the United States, has been very frequently called on to enact laws for all the dependent classes, and especially for those whom disease has bereft of the use of their reason.

It is, however, only the diligent student, particularly interested in the subject under investigation, that could patiently cull from the many sources referred to, the information condensed in this volume. Commencing with the early medical and superstitious treatment of the insane, the author has collected a mass of records specially interesting, as illustrative